

# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

### CMI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED

By Carol Day at 1:48 pm, Jun 11, 2015

Complete this report in duplicate at the time of the regular monthly preventive maintenance cneck, and whenever instrument is repaired. Send one copy to Department of Health and Senior Services, and retain one copy in department file.

repaired. Send one co	ppy to Department of Health	and Senior Se	ervices, and retair	one copy	ın deparmen	t me.			
INSTRUMENT SERIAL NUMBER	LOCATION OF INSTRUMENT	DATE OF INSPECTION TIME OF INSPECTION							
80-005849	GRAIN VALLEY	POLICE		0	5/07/2015 20:47		0:47		
CALIBRATION CHEC	K RESULTS		CALIBRATION	CHECK S	UMMARY				
					STANDARD EXPIRATION DATE				
Test g/210L		Time	DRY		19702	07/16/2015			
			SIM TEMPERATURE	SIM SERIAL	NUMBER		ATE EXPIRATION		
Air Blank	0.000	20:48	N/A	N/A		N/A			
Cal Check	0.080	20:48	STANDARD VALUE STANDARD						
Air Blank	0.000	20:49	0.080 INTOXIMETERS						
Cal Check	0.079	20:49	CALIBRATION CHECK RESULT 1						
Air Blank	0.000	20:50	0.080						
Cal Check	0.080	20:50	CALIBRATION CHECK RESULT 2						
Air Blank	0.000	20:50	0.079						
			CALIBRATION CHECK R						
Pass			0.080						
			MAXIMUM DEVIATION (MUST 8E WITHIN 5%) SPREAD (MUST BE .005 OR LESS)				OR LESS)		
[ <b>14</b>	MUU		1.2%		0.0	01			
DIAGNOSTIC TEST R	RFI TEST RESULTS								
<b>,</b> ,		Pass				_	l <u>_</u> .		
Voltage/Current Test			Test		g/210	Ь	Time		
RAM Test Pass									
EEPROM Checksum Test Pass			Air Blank		0.00 RFI*		20:51		
Real Time Cl	Pass Pass					20:51			
DSP Test			Air Blan	2	0.00	0	20:52		
Analytical S	Pass Pass					}			
			*RFI Detect						
Temperature	Regulation Test	Pass							
				1					
	ass				ass	h h			
•	<u> </u>				MU U	,			
NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT									
	004 .0509	2	.1014	.1519	3	OVER.19			
3	1	2	3	į.	3		2		

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Time-Date changed.

SIGNATURE	n Mar		PRINT NAME TRACY,	STEVEN		
TYPE I PERMIT NUMBER		EXPIRATION DATE			TELEPHONE NUMBER	
230151	Company of the Compan	08/01/201	.5		8168476250	



### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

## STEVEN K TRACY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

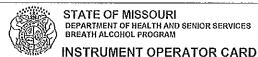
INTOXILYZER 5000, INTOXILYZER 8000

# for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. DATE 8/1/2013 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230151 EXPIRES 8/1/2015 Jacting director

MC 190-0771 (6-10)

LAB-4 (R6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired at in Missouri.



Operator TRACY, STEVEN

Permit No 230151

Date Issued 8/1/2013 Date Expires 8/1/2015